


Request For Premium Class Common Carrier Travel Accommodations For Employees With Medical Conditions

This form is to be completed and maintained in your IC travel files for each Travel Authorization reflective of premium class common carrier accommodations due to medical reasons.

If acceptance of payment for common carrier accommodations is from a nonfederal source, i.e., sponsored travel, the nonfederal source must make full payment in advance of the travel, i.e., In Kind ticket; or check to the IC prior to the trip start date.

PLEASE CHECK the requested accommodation (Employee required information):

- ☐ **First Class**—The highest class of accommodations on a multiple-class airline flight. When an airline flight only has two classes of accommodations, the higher-class, regardless of the term used for that class, is considered to be first class.
- ☐ **Premium Class Other Than First Class**—Any class of accommodations between coach-class and first-class, e.g., business-class.
-  This authority will expire at either six months or three years from date of approval depending upon nature of disability or special need (See NIH Manual 1500 Chapter 13-00(D)(1)).

Employee's name <i>(please print)</i>	Institute/Center (IC) or Organization
Employee's Social Security No. <i>(last 4 digits only)</i>	Trip start date
Purpose of trip	Trip destination
Employee's Signature	Date

EXECUTIVE OFFICER

IC Executive Officer's Signature	Date
----------------------------------	------

OCCUPATIONAL MEDICAL SERVICES

OMS Assessment <input type="checkbox"/> The documentation submitted for review supports the request for a period of: <input type="checkbox"/> 6 months <input type="checkbox"/> 3 years <input type="checkbox"/> The documentation submitted for review does not support the request.	Date medical documentation and request form received by OMS <hr/> Date forwarded to DDM
Reviewing OMS Physician's Signature	Date

DEPUTY DIRECTOR FOR MANAGEMENT

DDM Determination: ☐ Request approved ☐ Request disapproved

DDM's Signature	Date
-----------------	------